

# Student Admission Form

Form NO: .....

## PAUL'S ACADEMY

know thyself for all



### Admission Seeking In:

- Pre-Playgroup  Playgroup  Nursery  KG  
 Class / Standard.....  English Medium  English Version  
 Day shift  Morning shift

To be completed by Parent / Guardian.

Please use CAPITAL LETTERS to complete the form



### Candidate's Personal Details:

Student's Name (in capital letters):.....  
Date of Birth: DD..... / MM..... / YYYY Gender:  Male  Female Blood Group.....  
Place of Birth:..... Nationality: .....

First Language: .....Other Languages Known: .....



### Residential Address & Family information:

Address: .....  
City: ..... Zip Code: ..... Thana: ..... Country: .....

### Father

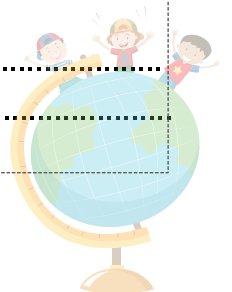
Full Name: .....  
E-mail:..... Educational Qualification:.....  
Profession: ..... Designation: ..... Phone: .....

### Mother:

Full Name: .....  
E-mail:..... Educational Qualification:.....  
Profession: ..... Designation: ..... Phone: .....

### Guardian

Full Name: ..... E-mail:.....  
Relation with student: ..... Phone: .....





### In case of Emergency Call Order of Priority with 1st, 2nd, 3rd?

1st Relation:..... 2nd Relation: .....  
Number:..... Number:..... Number: .....



### Sibling Information:

#### Sibling 1

Name : .....

Date of Birth: ..DD...../MM...../YYYY Gender:  Male  Female (Please tick Appropriate)

School Name (if any):



### Reference Details:

Reference Through: .....

Address with Tel No: .....



### Declaration:

I/we confirm that all the information provided by me/us is correct. I/we further agree to inform the school promptly, in writing, of any subsequent changes. I/We agree to meet financial responsibilities promptly. I/ We understand that any incorrect information given by melus will render this application invalid and, consequently, the admission granted will be canceled.

Date: .....

Signature: .....  
(Parent/Guardian)

.....

### For School office use only

Checklist:

- Birth Certificate:       Passport                       School Report               TC
- Passport size Photos    Copy Medical               Transportation Form       Others

Name of the Student: ..... Form ..... Admission Fees .....

Class: ..... Section:.....



Date: .....

Signature: .....

(Admission Officer)